RICHMOND RETIREMENT SYSTEM 730 EAST BROAD STREET, SUITE 900 RICHMOND, VA 23219

CERTIFICATION FORM

Rev. 07/21	Notary	Registration Number:	
My commission expires: Notary Public			
The individual whose name is signed above appeared before me, acknowledged the signature to be his/her, and having been duly sworn by me, made an oath that the statements are true.			
State of	City/County of	on	20
Member's Signature		Social Security Number	
I have elected the following payment option: YES NO 1. Have you ever been awarded Workers' Compensation benefits? 2. If your answer to question one is yes, are you still receiving these benefits? If yes, you are required to submit a copy of the award to the office within 30 days of your retirement date. PLEASE INITIAL THE APPLICABLE BOX I attended a counseling session with a Richmond Retirement System counselor. I received an estimate of benefits from the Retirement Office. I did not attend a counseling session and acknowledge that I am responsible for reviewing all information in the above applicable publications. I did not receive an estimate of benefits from the Retirement Office.			
Basic Option* Smooth-Out Opti Level Payment O	PLEASE INITIAL EACH LINE on* ption* (SWORN ONLY)	•	Option
		ne following benefit payment op and I have indicated my selecti	
Appointment of I	etirement Application	Federal Tax Form W-4P Virginia Tax Form VA-4 Direct Deposit Authoriza	₽P
Administrative Guidelines, "	on to RetireNow What?" of (for sworn police/fire employments) hereby acknowledge that theme:	r the "Deferred Retirement Option byees) if applicable, and understance following information was review	on Program (DROP) and the provisions
I,		acknowledge receipt of the Refe	